

Classroom-Based and Parent-Focused Interventions for Promoting Social Emotional Competence in Young Children

Front Porch Series Broadcast Call

Micki Ostrosky: Hi, everybody. This is Micki Ostrosky from the University of Illinois in Urbana-Champaign here to welcome you to the Front Porch Series, which is a monthly webinar sponsored through the National Center on Quality Teaching and Learning. We're glad that you're here today. Hopefully you're enjoying some fall weather wherever you are. In Champaign, the trees are starting to turn color a little bit. Even though we're expecting 70 degrees, maybe even 80s by the weekend, it's starting to feel a little bit like fall here.

I am pleased today to introduce Erin Barton, who is our speaker. Erin is an assistant professor in the Department of Special Education at Vanderbilt University. Erin teaches courses in early childhood special education on evidence-based assessment and intervention practices for young children with disabilities and their families. And she also teaches a course in single-subject research design. Erin's a board certified behavior analyst and has worked extensively with children and families in homes, schools, and clinics. And she recently served as faculty on the Technical Assistance Center for Innovations — Intervention, sorry, also known as TACI, where she developed and implemented a statewide approach to support scale-up and sustainability of the pyramid model practices for early intervention with families. This approach merges evidence-based practices for coaching families, promoting social emotional competence, and understanding how to support implementation of a family coaching model with states, agencies, and programs.

Erin's research interests include early intervention practices for young children with or at risk for disabilities and professional development with early childhood practitioners. Erin's extensively done research and teaching around social emotional competence, so this is great to have her here today. She will be talking about some classroom curricula and parenting interventions and how she and her colleagues reviewed these and the criteria they used to review them, so we're really looking forward to hearing you, Erin. The title of her talk is "Classroom-Based and Parent-Focused Interventions for Promoting Social Emotional Competence in Young Children." So I'll turn it over to you, Erin, to start today's talk.

Erin Barton: Thank you, Micki. I am very excited to be here — well, I guess to be in my office doing this webinar for NCQTL. This — this webinar is based on a paper that I recently completed with several colleagues that was recently published in "Infants and Young Children." and I am going to start this webinar today by going over social emotional competence. I'm going to review what is social emotional competence, and then I'm going to talk about why it's important. Then I'm going to do an overview of the research, the review that we recently completed, as I mentioned, and I will discuss the social emotional focused curriculum interventions that we identified and how we reviewed them. And I will then provide a summary of the review, and then I will go over implications for early childhood and the implications for the review.

So what is social emotional competence? What does it mean to be socially emotionally competent as an infant, a toddler, a child, a teenager, or as an adult? What I'd like you all to do right now before we move on is to take a couple minutes, just maybe one or two minutes, and write down what you think it means to be socially emotionally competent as an infant, a toddler, a child, a teenager, or as an adult. So just spend the next couple minutes thinking about that and writing it down. I wanted you to do that because I want to have a framework, I want you to think about social emotional competence as the framework, and I want you to use that lens as we are going through this morning's webinar. So it's likely, if you thought about what it means to be socially competent as an infant and — or a toddler, as a child, that was very different from what it means to be socially competent as a teenager or as an adult. And the reason why I wanted to provide that framework as we're starting is so that we can understand and recognize that children are learning social emotional competence and they're learning what it means to be socially emotionally competent as they progress through infancy, toddlerhood, and as young children. And it's — and they are — they come into this world as members of families, as members of cultures, and it's through those families and cultures that they learn social emotional competence and the different social emotional skills. So it's likely if I collected all of the — everything that the participants on this webinar wrote down, it would also look very different, because social emotional competence can be very different across families, across cultures, and across even different classrooms it can look different.

So I'm going to go over a couple different definitions of social emotional competence that I find to be very helpful. Social emotional competence is the presence of satisfying interactions, having satisfying interactions between the child, caregivers, siblings, and peers. It also involves having a comfortable self-image and perceptions by others. It also involves being able to match and modulate your emotional and social responses to what's going on in the environment. And I view this as being synonymous with mental health. So when we say — infant mental health or when we refer to mental health in young children, that's synonymous. That means the same thing as social emotional competence. This definition that I provide here was given by — was provided by Jane Squires and Diane Bricker in a book that they wrote that presented a social emotional assessment tool called the SEAM as well. And I find this definition to be very helpful because it allows us to operationalize, or it allows us to think about — to think very specifically about what it means to be socially emotionally competent, and but it's not too specific so as to be different across families or cultures. So it's, I believe, a definition that is culturally responsive and can be used to help us think about what it means to be socially emotionally competent for infants, toddlers, and young children.

Another definition of social emotional competence that I often refer to and use is a definition that was provided by CSEFEL, which is the Center on the Social Emotional Foundations of Early Learning. And this definition has three different components as well, and they — and the components are trust, self-awareness, and autonomy. And so social emotional competence is the developing capacity to form close and secure adult and peer relationships, and that can be thought of as trust or having — having relationships that are characterized by trust and trusting in other adults and children and peers. And then self-awareness is being able to experience, regulate, and express emotions in socially and

culturally appropriate ways. And autonomy means or looks like children who are able to independently explore and learn from the environment and learn from a variety of environments. And this definition stresses that social emotional competence develops within the context of the family, community, and culture.

So as I mentioned before, children come into this world learning what it means to be socially emotionally competent as members of their families, their community, and their culture. And so, oftentimes I think we — sometimes forget that we have to teach children how to be socially emotionally competent or we forget that children don't know what it means or children are still learning what it means to be socially emotionally competent. So the next slide is a graphic that I developed. It's just a simple graphic that I developed just to emphasize that social emotional competence involves these three components: so satisfying interactions or trust; self-image, having a healthy self-image and self-awareness, and that self-awareness allows children to match and modulate their emotional reactions and to engage and to be able to self-regulate, depending on what's happening in the environment; and then having appropriate emotional and social responses and being autonomous and being able to explore independently and learn from the environment in ways that are developmentally appropriate. And all of this occurs within the context of the child's family and culture. So these different components of social emotional competence might look different, depending on the child's family and the culture.

There's also an important component to social emotional competence that I like to talk about when I talk about social emotional competence. It's something called the transactional model. And the transactional model framework tells us that the child's unique characteristics influence the caregiving relationship just like the caregiving relationship will influence the child. So children, infants, toddlers learn to share, to be emotional, to communicate, to communicate feelings, and to be social within the context of those significant caregiving relationships as well as within the context of environments with their peers. And the transaction model really emphasizes that early social emotional development is the product of the infant's characteristics, the child's characteristics, that relationship, and the environment in which these relationships exist. And so one way to think about that is that research tells us sometimes that parents respond differently depending on the characteristics of the child. Or adult caregivers respond differently. For instance, they might respond less frequently to children who are fussing or crying because they're not getting that same — maybe a social smile back or they're not getting that same positive reaction back. And so we also know that adults might respond differently or less often to young children who have cues — infants who have cues that are difficult to read or when they're not aware of the infant's cues. Or when the adult and the child have different temperaments. And the reason why it's so important to recognize that the child impacts the environment and that adult caregiving relationship just like the environment and the adult caregiving relationship impacts the child, is because we have to understand that it's up to the adult, it's up to the caregiver, to change what they do to meet where the child where they're at, to match the child's temperament so that the child learns what it means to be socially emotionally competent. So it's up to the adult to change what they're doing to promote the child's social emotional competence.

So just in summary, social emotional development occurs within the context of those relationships. And, again, it's up to the adult to change what they are doing, to recognize what the child needs, to help the child develop social emotional competence. So why is social emotional development important? I'm going to go through these slides rather quickly. But it's a summary of research emphasizing why social emotional development is important. So we know that there is a strong relation between early social emotional competence and later social skills, academic skills, and overall quality of life. And this research finding is robust, long-standing, and there are multiple studies, rigorous studies that emphasize this fact, this finding. And so there is a critical need to address problem behaviors as early as possible and to teach social emotional competence as early as possible. So early social emotional competence is directly related to academic success and later quality of life. We also know that starting in preschool, so starting with young children, problem behaviors that interfere with a child's ability to access the curriculum, to access effective instruction are increasingly recognized as a very serious concern, and perhaps one of the most serious concerns facing early childhood.

We also know that problem behavior is perhaps the greatest impediment, so, perhaps, the factor that is most likely to negatively impact a child's ability, a child's effective educational services, so a child's education. And so we know that early childhood is a critical period for identifying early emotional, early social emotional delays or problem behaviors, and to addressing those problem behaviors and teaching social emotional skills. We know there is a direct link between early emotional development and later social behavior. And we also know there is a direct link between early risk factors, poor outcomes, and later violence. So there's an inverse relation between social emotional competence and challenging behaviors in young children, meaning as social — emotional competence goes up, challenging behaviors go down. We also know that the most effective way to address challenging behaviors is to use appropriate responses to challenging behaviors that decrease challenging behaviors over time while at the same time — and it's equally as important — to teach appropriate social emotional skills. So again, as social emotional competence goes up, school readiness and academic success goes up. So really social emotional competence provides that foundation for the child's school readiness and academic success.

Children who are socially emotionally competent have more positive attitudes about school, are more socially accepted, approach learning with greater attention, motivation, persistence, and are less likely to have challenging behavior overall. So this little equation sums it up, that if we have high-quality learning environments where children are provided with appropriate academic and developmental supports and appropriate supports to teach social emotional competence in early childhood, they are more likely to experience school readiness and academic success. We also know that we also have tools and we know what to look for. So we have — we know which behaviors in infancy and early childhood signal the need for intervention or which behaviors indicate that the child needs more intensive social emotional instruction or more intensive supports around social emotional competence. We have valid and reliable social emotional screening tools and, which is what I am going to talk about today, we have valid and reliable social emotional curricula.

So social emotional curriculum is as important as the academic curriculum, and we need to teach social emotional skills just like we teach reading, math, science, social studies, motor skills, adaptive skills. So now I'm going to provide an overview of the research review we did, so the review of social emotional curricula. The purpose of this review was to summarize and synthesize the current social emotional focused curricula for preschool children. Actually, for children birth through age 5, including preschool. And we looked at both classroom-based and parent-focused curricula. This review was a replication of a review that was done by Joseph and Strain and published in 2003. Our review — so Joseph and Strain's review in 2003 identified peer-reviewed social emotional curricula, and they also presented an evaluative criteria that we also used, and their evaluative criteria, I'll talk about it more in the next slide, but it was basically used to determine the likelihood of efficacious adoption, so meaning the likelihood of the curricula — if the curricula was adopted, the likelihood of it being successful and being related to positive social emotional competence in the children who — children and families who participated in it. So we used the same efficacious adoption criteria used by Joseph and Strain.

We also — so we used the same inclusion criteria for identifying the social emotional curricula. So we — and these inclusion criteria were that the social emotional, the curricula had to specifically target social emotional competence and behavioral outcomes. They had to be focused on children ages birth through 5. And they had to have a published manual, and there had to be at least one published peer-review article that reported the social emotional or behavioral outcomes for young children. We identified 18 total curricula or programs, 10 classroom-based and 8 parent-focused, that met the inclusion criteria. So our review included — actually identified 10 additional programs that weren't analyzed in the original Joseph and Strain review. Their review included one parent intervention and seven classroom-based interventions. And three of the classroom-based curricula that they analyzed, that Joseph and Strain analyzed in their 2003 review, did not meet our inclusion criteria. So we ended — we identified 18 total programs. Ten were from the — were also included in the Joseph and Strain review. So, as I mentioned, we used the same efficacious adoption criteria that Joseph and Strain used, and this criteria was developed to allow us to analyze whether or not these curricula, if they were adopted in real-world settings, so in real classrooms, real programs that served families, real homes with families, if they would be likely to be successful. And it also allowed us to examine the level of research that was conducted using these curricula, or with these different curricula.

So the — there were nine criteria that we examined. So, and I'm going to go over what these criteria were. So the first one was intervention fidelity. So at least one study had to include a measure that examined the extent to which the intervention was implemented as intended. So at least one study had to measure if the intervention could be implemented by the people, or if the curriculum could be implemented by the people who were intended to implement the curricula. So in most cases for the classroom curricula, this meant teachers. And in most cases for the parenting curricula, this meant a social worker, sometimes a teacher, or a behavior specialist, whoever was implementing the parent-based intervention.

The second one is treatment generalization. So the second and the third, treatment generalization and treatment maintenance, measured — examined whether or not there was at least one study that

measured the generalization of the outcomes after using the curricula and the maintenance of the outcomes after using the curricula. And we specifically looked at generalization across settings or generalization across different behaviors or generalization across implementers or adults. And maintenance would be maintenance of the outcomes, so maintenance of the behavioral outcomes or social emotional, specific social emotional outcomes. And then social validity outcomes — of outcomes. So we also looked at whether or not there was at least one study that measured the importance of the outcomes as judged by consumers of the curricula, so as judged by the actual adults, so the teachers or the parents who were implementing or involved in the implementation of the curricula. Then we also looked at social validity of the procedures. So did the curricula or the intervention involve the implementation of procedures that were feasible in the — in the target setting by the target participants? So is this actually — is the curricula actually acceptable and feasible to be implemented by teachers, by parents in classrooms and homes? We also looked at replication across settings.

We looked at three different types of replications. So we looked at — so six, seven, and eight were replication across settings, replication across research groups, and replication across clinical groups. So replication across settings really only pertained to the classroom curricula because the parenting curricula we felt really only were meant to be implemented in homes. And so we didn't look at replication across settings for the parent-based curricula. But for replication across settings for the classroom-based curricula, we, in fact, looked at replication across classrooms and other settings, primarily to homes. Then for replication across research groups, we looked to see if there were more than one study, so multiple studies that included different researchers. So it couldn't be just one study or several studies by the same research group, that there were at least one or two — there were at least two studies by different research groups. We also looked at replication across clinical groups, so that — so we looked at replication across more than one target population. So children with social emotional delays or children with — children who were experiencing poverty or children who were — a few studies looked at children who actually had identified disabilities, but it could be that population as well. So that there were replications or different studies across different populations of children or families. And then the final one was evidence across culturally and linguistically diverse groups of children and families. So we looked to see if there were in fact published studies across culturally and linguistically diverse groups of families.

So we identified 10 classroom curricula, as I mentioned. So 18 total curricula; 10 were classroom-based curricula. And these were the classroom-based curricula: Emotions Course; Second Step; RECAP, which is Reaching Educators, Children, and Parents; Preschool PATHS; AI's Pals; Social Skills in Pictures, Stories, and Songs; I Can Problem Solve; and then two Incredible Years for children, so the Dina Dinosaur and the Child Training; and then the First Step to Success. This is the level of evidence, so — that we identified. So this is using the efficacious adoption criteria. Remember, there were nine criteria, as I just went over. So this is — each of the curricula is in the left-hand column, the number of criteria that each of the curricula met, and then the level of evidence based on that. So we decided — Joseph and Strain in 2003 used this as well — that if the curricula had three or fewer, met three or fewer criteria, then there was low level of evidence for efficacious adoption, meaning successful adoption, in a classroom setting. If

they met anywhere from four to six of the criteria, then there was medium level of evidence for success if it was adopted. And then if they met seven, eight, or nine criteria, then there was high.

So Incredible Years: Child Training and First Step to Success, which was developed by Hill Walker and his colleagues out of Oregon, both met all nine of the criteria, and so they had high level of efficacious adoption. So these are the different efficacious adoption criteria. So this is the nine criteria, and then what I provide in this table is the number of studies that met the criterion and then the curricula — or the number of curricula that met and then the curricula that met. So as you can see here, eight of the ten curricula met the criterion for intervention fidelity. So eight of the ten curricula had studies where intervention fidelity was reported. What's really exciting — what was really exciting to us and really identified the strength of this research base is there were — all ten of the curricula provided evidence for studying the intervention across culturally and linguistically diverse population which we found to be really exciting. You'll see the lowest numbers were found in treatment maintenance, generalization, and then replication across clinical groups. So what this tells us is that there were few studies, few studies across these — using these curricula that examined maintenance over time of the outcome, so maintenance over time of the social emotional behavior outcomes, which will be very important to study in future research. And then this table basically just gives a little bit of information about the classroom curricula. So the different delivery methods, whether or not they had a home component, and then the training requirements. As you can see, each of the curricula is listed here on the left side, the delivery method, and then whether or not it had a home component. And then, the training requirement which is important to consider.

So if teachers were interested in adopting this criteria or programs, would teachers need to receive training, would need to seek out training in order to be able to implement this curricula? You can see that it was either not reported, available — so for some of them, trainings are available but not required. Only one, AI's Pals, actually required a training. For the Incredible Years and First Step to Success curricula, training is available and recommended but not required. And that's the same for Preschool PATHS as well. So in summary, the classroom curricula, as I mentioned, all examined across culturally and linguistically diverse children, so groups of children. Eight measured and reported intervention fidelity, which is also exciting. So we know — we have evidence to suggest that teachers can implement these curricula with fidelity in real-world classroom settings. However, fewer than half examined generalization or maintenance and fewer than half examined social validity. So there's still research to be done for many of these regarding the feasibility of — the feasibility and the social validity of the outcomes. As I mentioned, Incredible Years: Child Training and First Steps to Success had the highest level of evidence to support successful or efficacious adoption and met all of the nine criteria.

So I'm just going to review quickly Incredible Years: Child Training and then First Steps to Success, because they met all of the curricula. Incredible Years: Child Training curriculum is implemented in the clinic setting over 18 to 22 weeks with 2-hour sessions, and then, additional 12 to 16 sessions are provided for children's parents in a — 2.5-hour group setting. And First Steps to Success has three components: universal screening to identify children within a classroom who might be at risk for behavioral issues, classroom instruction in prosocial skills, as well as a parent training component to

assist in generalization of skills across school and home. There's a behavior coach who's identified to support implementation of First Steps To Success programs, so that's important to consider. And First Steps to Success is a 30-day program, so it's implemented each day that the child's in the classroom, so every day in the classroom, but it's a 30-day program, 30 school days. The next curricula met — provided medium evidence, so they met six, five — or five of the efficacious adoption criteria. So, I Can Problem Solve is the curriculum that teaches how to manage conflicts, teaches young children how to manage conflicts within a classroom setting. It also teaches children how to have empathy and how to take others' perspective. And it's strongly focused on problem solving and teaching children to solve social problems. Preschool teachers implement — there are 50 lessons that preschool teachers implement in 12 weeks in small-group settings. I Can Problem Solve has — there have been no studies since 1985, however it did — the studies that currently exist did meet six of the nine criteria.

The Incredible Years classroom-based criterion brings the Incredible Years prevention-based approach to the classroom. The curriculum uses video modeling, role-play, practice, and reinforcement to promote — to teach prosocial behaviors, to teach social skills in the classroom, and to reduce challenging behavior. And there are 60 45-minute lessons that teachers implement anywhere from one to three times per week. The next section is going to go over the parent-focused interventions. So, again, in this review, we looked at both classroom-based and classroom interventions and parent-focused interventions. We identified eight parent-focused interventions, and they are listed here, so Pathways to Competence, Dare to be You, Child FIRST, Family Check-up, the Incredible Years: Parent Training, Triple P, and the PCIT, which is Parent-Child Interaction Therapy. These had — they fell out in a similar way from the classroom curricula across the efficacious adoption criteria, however we had four who met all eight of the criteria.

So again for the parent-focused intervention, we only looked at eight. We did not look at replication across settings because we knew that these studies and these curricula were primarily developed for young children who might not be in a classroom setting. So although it might be interesting to look at generalization across — from homes to classrooms, these studies didn't always include children who were attending school. So some of them included children, like we said, toddlers. So the ages could be birth through 5. So we looked at eight criterion, and four of them met all eight criterion. So Incredible Years: Parent Training, Triple P Standard, Triple P: Stepping Stones, and PCIT. Across the eight criterion, so across the criterion listed here in the left column, then we have the number of parent interventions that met the criterion, and then the curricula that met. You can see that seven of eight met intervention fidelity. Seven of eight also looked at treatment generalization and maintenance, which we thought was really exciting. So they're actually examining generalization across different adults or across different target behaviors. And then they're also looking — so seven of these eight interventions or programs, parent-focused programs, examined — or had studies that looked at follow-up or long-term effects over time, which — on the child's social emotional behaviors and parenting behaviors, which is definitely also a strength of this literature. And then seven of these eight replicated across culturally and linguistically diverse populations.

So the delivery methods, which is a little different, because the previous ones were mostly classroom-focused. So in these, the delivery method was small group or large group, so larger parent groups, or individual sessions with families. So they ranged from individual or small group. Few of them had a classroom component. So Child FIRST did have a classroom component, but we didn't find research that examined the classroom component. And what's interesting about these and different from the classroom curricula is that training was required to implement these, these curricula or these programs. So as I mentioned, seven of the eight identified interventions reported intervention fidelity, so that the implementer implemented the intervention with fidelity; treatment generalization and maintenance; and examined across culturally and linguistically diverse children. Four of the eight had the highest level of evidence to support efficacious adoption, as I mentioned: Incredible Years: Parent Training, Triple P Standard and Triple P: Stepping Stones, and then PCIT. So I'm going to go over each of those that met all eight. So Parent-Child Interaction Therapy, or PCIT, is clinic-based. It uses play and family routines to teach parents to develop — to practice positive parenting behaviors, to enhance parent child interactions. And it uses play and routines, so activities that the family's already doing, to help parents address and reduce their child's challenging behavior and teaches prosocial behaviors. So it really focuses on both — on all three components, so enhancing the parent-child relationship by strengthening those interactions, parent-child interactions, during activities that the family's already engaged in; addressing and reducing challenging behaviors; and teaching new social emotional skills.

Triple P Standard teaches — actually has multiple levels of intensity depending on the individual family needs. So Triple P can have a group component or an individual component that targets — uses principles of social learning, child and — and it also uses family and behavior therapy and principles of applied behavior analysis to target parenting behaviors. So it teaches parents positive parenting behaviors as well as teaches parents ways to reduce and address challenging behaviors and to promote their child's prosocial behaviors. So, Triple P: Stepping Stones was — uses the exact same principles as Triple P Standard; however, Triple P: Stepping Stones was adapted for parents of children who have identified disabilities. So, a nice addition to Triple P Standard is it teaches parents how to cope with their stress as well. So it teaches parents just like Triple P Standard to manage challenging behaviors, reduce challenging behaviors, develop a stronger — or to strengthen the parent-child relationship, as well as teaches the parents to cope with stress, teach their child new social emotional skills, and increase positive parenting practices. The Incredible Years: Parent Training uses 14 to 16 weekly small-group sessions focused on teaching parents developmentally appropriate ways to engage in responsive play with their child, using praise effectively and rewards effectively, appropriately setting limits and establishing expectations for their young children, and then responding appropriately to challenging behaviors.

So within the group, small-group sessions, trainers use demonstration videos, lots of group discussion, they promote self-reflection, problem solving, role-play, practice, and homework activities, or opportunities to practice outside of the group setting. So that's a summary of the parent-focused interventions that met all eight of the efficacious adoption criteria. So what does this mean? What are implications for early childhood? Well, in these social emotional curricula, of the classroom curricula, teachers were the intended interventionists for eight of the ten classroom curricula, which is exciting,

because that tells us that the expectation for teacher implementation increases the likelihood that positive social gains will be observed across classroom routines and activities. So that's definitely a strength of these, the curricula included and identified for this review. Also, what is important to note and what's important to consider — to note if you're considering adopting any of these curricula or interventions, that overall the classroom-based curricula that we identified used fairly short lessons, so lessons that ranged from 15 to 20 minutes for the most part, which could be implemented in small or large groups, which increases the feasibility in most early childhood settings.

The other important thing to consider is the cost, and most of the classroom curricula had a really — had a minimal one-time cost that involved the purchase of books and related materials. We don't analyze that, but for the most part, the cost just was a one-time cost for buying the curricula and the materials. Three of the classroom curricula had a home and school component, which was important. And three of the ten classroom curricula used a tiered approach. So, for example, First Steps First Steps to Success used a tiered approach to — which started with universal screening, which meant that the first component that they taught teachers to do or that teachers were instructed to do was to engage in universal screening of all children in the classroom and identify children who needed more assessment, who needed further more comprehensive assessment, social emotional assessment, and then allowed teachers — taught teachers to identify children who would benefit from more intensive instruction.

We also identified that successful curricula examined both reductions in child challenging behavior and increases in prosocial skills, which we know is more likely to result in long-term social emotional competence. Most curricula were driven by social learning theory or behavioral theories and guided by applied behavior analysis. Almost all of the programs met criteria regarding replication across culturally and linguistically diverse groups. However, what's important to note is we don't know exactly how they adapted for culturally and linguistically diverse groups, so that is important to consider. And few programs conducted replications with children with disabilities, which is going to also be important for future research. So in conclusion, there are evidence-based practices that are effective for changing developmental trajectories of children who might experience social emotional delays. The problem is not what to do but rests in ensuring that we identify and provide the supports to the children and families who need them. And then I would like to acknowledge my coauthors: Elizabeth Steed, Phil Strain, Glen Dunlap, Diane Powell, and Crystal Payne, who were coauthors and integral in this review. Thank you.

Micki: Thank you, Erin. That was excellent. What an excellent overview of not only social emotional competence, but I also think this review of these curricula is a great service to the field, so that we now — you know, people have a better understanding of classroom and parent curricula that you have — that you and your group have so critically reviewed. I was going to ask you to give a shout-out to your coauthors, so that's great. A couple questions, and I'll kind of watch the time. One is people want to know how they can get more information on the curricula, so maybe where you are publishing this paper, because I assume the citations for all these curricula will be in there, so if you could talk about that for a second.

Erin: Yep. So we published this paper in "Infants and Young Children." It was recently published in the March 2014 issue. I can provide a reference for the paper as well when we publish these slides.

Micki: That'd be great.

Erin: I will do that.

Micki: Also — yeah, that'd be great, Erin. Another question people asked is, when you talked about training that was required for some of the curriculum, what does that mean?

Erin: Yes. So they varied, but some of them involved — you could attend like an online training, so some of the programs had an online training that you could sign up for and attend. But some of them required you to actually physically go to where a training was being held. Some of the curricula did — they're so widespread enough that they hold trainings across the country. But when there was training required, it typically meant you had to go physically to a place and be trained.

Micki: Okay, so some modest cost associated with that in all of those.

Erin: Absolutely. And again, most — it was mostly the parenting interventions and curricula that required a training.

Micki: Okay, excellent. All right, well, thank you, Erin, again so much and thank you, all of our participants. Put on your calendars October 27th at 12:00 Central Time will be our next Front Porch Series. And just, I guess, keep checking the website and we'll send out a tickler of who that will be and what their topic will be. Like all Front Porch Series, this one was audio recorded and will be available on the NCQTL website within probably the next two months, so look for that. Erin, you can find her email address at Vanderbilt, so if you have specific questions that you need the information critically, you know, sooner, I'm sure Erin would be fine if you email her there. And thank you all for participating and have a great day. And thanks again, Erin.

Erin: Thank you, Micki. Thank you, everyone.

Micki: Bye, everybody.

Erin: Bye.